

# 'OVENDOSYN'

A trouble-free œstrogen

## 'OVENDOSYN' TABLETS

Each tablet contains  
0.5 mg. stilbœstrol  
and 290 mg. calcium phosphate

## 'OVENDOSYN' FORTE TABLETS

Each tablet contains  
5.0 mg. stilbœstrol  
and 325 mg. calcium phosphate

*Issued in bottles of 50 and 250 tablets*

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# ***'Ovendosyn'***

## *A trouble-free œstrogen*

**O**VENDOSYN ' presents stilbœstrol in association with calcium phosphate, a combination shown by clinical experience to be a highly satisfactory method of supplying the œstrogen. A striking feature of this form of therapy is that nausea and vomiting are either completely obviated or markedly reduced. Apart from increasing the patient's comfort, the absence of side-effects eliminates the undesirable necessity of interrupting treatment.

## *The Menopause*

During the menopause 'Ovendosyn' aims at temporarily restoring the endocrine balance until the patient has accustomed herself to the new level of endocrine activity. Numerous clinical reports testify that it successfully relieves flushes, sweats, and headaches, and gives good results in senile vaginitis, leukoplakia, and kraurosis vulvæ. Haultain (1947) recommended one 'Ovendosyn' Tablet not more than twice daily, to check menopausal symptoms, gradually diminishing the dose. He states: 'Ovendosyn . . . would seem to counteract any of the toxic effects of Stilbœstrol, which sometimes occur'.



MacGregor (1949), pointing out the need for large doses of stilbœstrol in severe menopausal symptoms, suggests that control can be established in 3 to 5 days by 5 mg. three times daily, followed by 5 mg. daily for one week, and reduced to 5 mg. every second day for a further week.

The same author suggests 5 mg. stilbœstrol three times daily for 10 days in senile vaginitis and kraurosis vulvæ.

Although leukoplakia vulvæ may also respond to this dosage, the condition predisposes towards carcinoma of the vulva, and treatment should be stopped if there is no early relief.

Patients undergoing œstrogen therapy should be warned of the possible occurrence of bleeding from the uterus. To obviate this complication the minimal effective dose should be used. Bleeding induced by œstrogen subsides quickly after treatment has been suspended, and the physician can easily ascertain whether bleeding is due to the œstrogen or to malignant disease by temporarily discontinuing treatment.

The simplest guide to a patient's progress is the diminution in the number of hot flushes experienced daily ; the dose should be adjusted to reduce these to, say, one or two a day. If menstruation is still

taking place, 'Ovendosyn' should be confined to the first half of the cycle.

In spite of the experimental evidence that small animals subjected to continuous treatment with oestrogens develop tumours, there has been no evidence in the human species that oestrogens produce malignant changes. As Langdon-Brown and Simpson (1945) say: 'There is, therefore, no clinical evidence to suggest that the clinician is not fully justified in using oestrogen therapy for fear of a possible remote carcinogenic effect.'

### *Menopausal Arthritis*

Menopausal arthritis is a chronic hypertrophic synovitis, usually affecting the knees. Oestrogen therapy may prove beneficial in the early stages and should certainly be employed as an adjunct to other forms of treatment (MacGregor, 1949). 'Ovendosyn' is specifically recommended by Buckley (1943) in the treatment of menopausal hydrarthrosis. The dose varies, but two tablets every three days may be taken as a mean.

### *Suppression of Lactation*

The use of oestrogens is now considered the method of choice for inhibiting lactation (Barnes, 1942).

*three*



Puerperal women are remarkably tolerant to œstrogens (Karnaky, 1947), and a high initial dose of 5 mg. stilbœstrol three times daily is usually required, followed by progressively reduced doses ; the whole course lasts about nine days (Haultain and Kennedy, 1946). Higher doses may be required if lactation is established. In some cases the breasts show signs of renewed activity one or two days after treatment, but a further course is usually successful. For engorged breasts one ' Ovendosyn ' Forte Tablet t.i.d. is recommended.

## ***Prostatic Carcinoma***

Writing on the œstrogen treatment of cancer of the prostate, Dodds (1947) says : ' in about 95 per cent. of cases there is some response ; and, in a large number of cases responding, complete symptomatic relief is obtained in a short time.'

There is general agreement that in some two-thirds of the patients treated with œstrogens, benefit is shown by diminution or disappearance of pain on micturition, of pain associated with bony metastases, decrease of frequency, decrease in size and fixity of the prostate, increase in weight, decrease in size of bony and pulmonary metastases, and occasional disappearance of subcutaneous metastases.

*four*

Heckel (1949) used a dosage of 1 mg. stilbœstrol three times daily increasing this to 25 mg. a day for patients with extensive metastasis. Riches (1945) suggests starting with 1 mg. three times daily and working up to 15 mg. a day, reducing when the acid phosphatase comes down. Herrold (1947), reporting his observations of about 50 patients, concludes that stilbœstrol is palliative rather than curative. He employed a dosage of 1 mg. three times daily for a period of two to three months, reducing after this time to 2 mg. daily for an indefinite period. He believes orchiectomy is indicated if the patient is unable to tolerate even a reduced initial dose of 2 mg. a day for a long period, though in normal circumstances he believes the advantage of orchiectomy over stilbœstrol therapy to be insignificant.

The results of Herrold's observations are noteworthy : 90 per cent. temporary relief ; 60 per cent. improvement for six months to one year ; 20 per cent. improvement for 12 to 24 months ; 10 per cent. sustained improvement from 24 to 36 months. Bishop (1948) and others point out that the relief afforded by œstrogen therapy, though remarkable, is often temporary, but in a stimulating paper Gutierrez (1947) advocates fuller use of its beneficial action. Hey (1948) recommends 15 mg.

*five*



stilbœstrol daily in all cases of suspected malignant prostate awaiting admission for operation. Parlow and Scott (1949) report on a series of 9 patients with advanced prostatic carcinoma prepared for radical perineal prostatectomy with from 1 to 10 mg. stilbœstrol daily. The time required to prepare the patients varied from 4 to 42 months. The operation was carried out with more ease in those patients prepared by the combination of orchiectomy and stilbœstrol. All patients were alive and well up to the date the report was published, only one showing evidence of a local return of the disease.

Before the advent of stilbœstrol therapy, only 10 per cent. of cases of prostatic cancer could be treated by radical surgery. To-day, with the pre-operative use of stilbœstrol, more than 80 per cent. lend themselves to radical operation (Gutierrez, 1949).

## *Cancer of the Breast*

‘Not a cure for cancer, but very profound and gratifying effects’ is the claim of Adair (1949) for hormone therapy of breast cancer. A series of reports claiming good results from stilbœstrol in breast cancer stress its particular value for women over 60. The effect in these patients sometimes



amounts to complete disappearance of fairly advanced disease. Cooper (1949) regards stilbœstrol as a valuable palliative measure in incurable elderly patients, noting that it is the soft tissue manifestations of the disease which recede rather than the osseous metastases. The dosage varies from 1 to 15 mg. daily and the length of treatment from 4 to 24 weeks. It should be emphasized that the use of stilbœstrol in these cases is empirical and that the resulting benefits are irregular and transitory. Stilbœstrol should not be given to premenopausal women with breast cancer or to any patient who has menstruated within a five-year period.

## *Other Indications for 'Ovendosyn'*

**COMPLICATIONS OF PREGNANCY.** Millen and Schenck (1947) have reported a number of cases in which stilbœstrol was successfully used for the prevention of late accidents of pregnancy. Titus (1949) notes that stilbœstrol may be of value in diabetes complicating pregnancy. Smith (1948) stresses the importance of early treatment, which should be started in the sixth week with 5 mg., and progressively increased (see dosage table). Treatment should be discontinued after the thirty-fifth

week, when the patient will be receiving 125 mg. a day. The initial dose should always be the one for the particular week of pregnancy when therapy is begun. Treatment should not be started after the nineteenth week.

**DERMATOLOGICAL DISORDERS.** Bishop (1948) used stilbœstrol, 3 mg. daily, for acne in adolescent girls, restricting administration to the first half of the menstrual cycle. Atrophic vaginitis and keratoderma of the palms and soles often respond well to stilbœstrol therapy.

**SURGERY OF THE PENIS.** Stilbœstrol has been given with successful results pre- and post-operatively in the prevention of erections following circumcision and other operations on the penis (Price and Penna, 1948). Vermooten (1947) reported uniformly good response with œstrogens after circumcision in 454 patients. (For dosage see table.)

**MUMPS ORCHITIS.** Hoyne et al. (1949) found stilbœstrol 'the ideal drug for mumps after puberty' because it decreases the morbidity of orchitis and makes surgical intervention unnecessary when orchitis is present. They recommend 2 mg. daily as a prophylactic and 5 mg. daily as a therapeutic measure.

*eight*



## SUGGESTED DOSAGE TABLE

### *Menopause*

1 'Ovendosyn' Tablet twice daily to 1 'Ovendosyn' Forte Tablet t.i.d. The minimum effective dose should be employed, and this should be progressively reduced.

### *Menopausal Arthritis*

2 'Ovendosyn' Tablets every three days.

### *Senile Vaginitis & Kraurosis Vulvæ*

1 'Ovendosyn' Forte Tablet t.i.d. for 10 days.

### *Accidents of Pregnancy*

1 'Ovendosyn' Forte Tablet daily in the 6th week, increased by 1 'Ovendosyn' Forte Tablet every second week up to the 16th week, thereafter increased by 1 'Ovendosyn' Forte Tablet every week up to the 35th week.

### *Suppression of Lactation*

1 'Ovendosyn' Forte Tablet t.i.d. for 3 days, 1 'Ovendosyn' Forte Tablet twice daily for 2 days, and 1 'Ovendosyn' Forte Tablet for 4 days.

### *Cancer of the Breast*

2 'Ovendosyn' to 3 'Ovendosyn' Forte Tablets daily for 4 to 24 weeks.

### *Acne*

6 'Ovendosyn' Tablets daily during the first half of the menstrual cycle.

### *Surgery of the Penis*

1 'Ovendosyn' Forte Tablet the afternoon before surgery, 1 'Ovendosyn' Forte Tablet twice daily until the 6th post-operative day.

### *Prostatic Cancer*

See special section, page 4.

### *Mumps Orchitis*

As a prophylactic 4 'Ovendosyn' Tablets daily; as a therapeutic agent 1 'Ovendosyn' Forte Tablet daily.



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